

PHA Annual Plan 2011 Oliver Springs TN078v01 – Final	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Oliver Springs Housing Authority</u> PHA Code: <u>TN078</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>114</u> Number of HCV units: <u>NA</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) Not Applicable					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1: Not Applicable				PH	HCV
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Not Required for Annual Plan					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Not Required for Annual Plan					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> Financial Resources Element: the OSHA Financial Statement including OSHA Operating and Capital Fund, Rental Income, Investments etc. change on an annual basis. The OSHA maintains this information on file and makes it available for HUD and public review at the OSHA Administration Office Fiscal Year Audit: The OSHA's most recent Audit is on file at the OSHA Administration Office and is available for HUD and public review. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Oliver Springs Housing Authority Administration Office, Oliver Springs, Tennessee					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The PHA is not proposing any of the above listed activities.					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached form HUD-50075.1 for FY 2011 and all open CFP Grants.					

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached form HUD-50075.2 for 5-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Not Required for Annual Agency Plan</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Not Required for Annual Agency Plan</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Not Required for Annual Agency Plan</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Not Required for Annual Agency Plan</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

ATTACHMENTS:

1. Resident Advisory Board (RAB) Comments:

The Oliver Springs Housing Authority staff discussed the FY 2011 Annual Agency Plan and the detailed list of proposed FY 2011 and 5-Year capital fund improvements with the OSHA Resident Advisory Board (RAB) members present at the May 18, 2011 RAB meeting. The RAB supported the proposed improvements. The following comments and/or suggestions were made:

- All developments:
 - ✓ Garbage disposals - *Staff response: OSHA will evaluate for inclusion in future budgets. Potential issues include children/resident safety and increased maintenance staff requests.*
- Benjamin Apartments:
 - ✓ Fence improvements at playground for safety - *Staff response: OSHA will have Maintenance staff address item.*
 - ✓ Install handicap ramp for access to units and laundry - *Staff response: OSHA will include in CFP budget.*
 - ✓ Install telephone jacks in bedrooms - *Staff response: OSHA will consider this item and cable lines in future CFP budget.*
 - ✓ Cut bushes near laundry building - *Staff response: OSHA will have Maintenance staff address item.*
- Elderly Bldg.:
 - ✓ Paint/repair textured ceilings - *Staff response: OSHA will include line item in 5-year CFP budget. Staff may remove texture and create smooth surface for ease of future painting.*

2. Challenged Elements:

None

3. Violence Against Women Act Policy- Oliver Springs Housing Authority:

Adopted by the Oliver Springs Housing Authority Board of Commissioners

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member of the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts

of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating with, or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

Immediate Family Member: A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Apartment Lease by reference. Appropriate language will be added to the ACOP and Apartment lease at the next revision dates of each.

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Oliver Springs Housing Authority to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the Oliver Springs HA as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant's family is the victim or threatened victim of the abuse.

Rights of the Oliver Springs Housing Authority

The Oliver Springs HA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD's Public Housing Program.

Certification of Abuse and Confidentiality

The Oliver Springs HA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the Oliver Springs HA. In lieu of Form HUD 50066, the individual may provide the Oliver Springs HA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

Notification to Residents

The PHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents' right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

Confidentiality

All information provided to the Oliver Springs HA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the Oliver Springs HA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

OLIVER SPRINGS HOUSING AUTHORITY

NOTICE TO RESIDENTS AND APPLICANTS REGARDING RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 Program.

Individuals may not be denied housing assistance, terminated from Public Housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the Oliver Springs HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the Oliver Springs HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the Oliver Springs HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA’s request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

The Oliver Springs Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The Oliver Springs HA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Oliver Springs Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may obtain a copy of the PHA’s written policy concerning domestic violence, dating violence, and stalking from the HA’s main office. Please note that the written policy contains, among other things, definitions of the terms “domestic violence”, “dating violence”, “stalking”, and “immediate family”.

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website <http://www.ndvh.org>.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB Approval No. 2577-0249

Exp (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

(1) A Federal, State, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Form **HUD-5066**
(11/2006)

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

Part I: Summary

PHA Name: Oliver Springs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37P07850111 Replacement Housing Factor Grant No: Date of CFFP: _____	FFY of Grant: 2011 FFY of Grant Approval: 2011
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☒ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no:)

☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

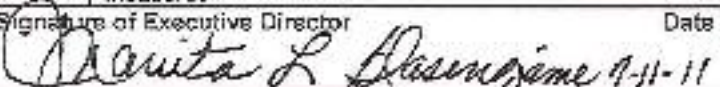
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00			
2	1406 Operations (may not exceed 20% of line 21) ³	\$19,000.00			
3	1408 Management Improvements	\$26,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$300.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$23,700.00			
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$2,000.00			
10	1460 Dwelling Structures	\$60,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$14,000.00			
12	1470 Non-dwelling Structures	\$0.00			
13	1475 Non-dwelling Equipment	\$0.00			
14	1485 Demolition	\$0.00			
15	1492 Moving to Work Demonstration	\$0.00			
16	1495.1 Relocation Costs	\$0.00			
17	1499 Development Activities ⁴	\$0.00			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Part I: Summary					
PHA Name: <u>Oliver Springs Housing Authority</u>		Grant Type and Number Capital Fund Program Grant No: <u>TN37P07850111</u> Replacement Housing Factor Grant No:		Federal FY of Grant: <u>2011</u> FFY OF Grant Approval: <u>2011</u>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised*	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-			
18b	9000 Collateralization or Debt Service paid V/a System of Direct Payment	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$145,000.00			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Activities	-			
23	Amount of line 20 Related to Security – Soft Costs	-			
24	Amount of Line 20 Related to Security – Hard Costs	-			
25	Amount of line 20 Related to Energy Conservation Measures	-			
Signature of Executive Director 		Date <u>7-11-11</u>		Signature of Public Housing Director 	
				Date 	

Part II Supporting Pages								
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850111 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2011		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN078000001	Operations	1406	1 LS	\$19,000.00				
TN078000001	Community Cares Elderly Program	1408	1 LS	\$26,000.00				
TN078000001	Cost of advertising for construction bids	1410	1 LS	\$300.00				
TN078000001	Environmental Review	1430	1 LS	\$1,500.00				
TN078000001	A/E Design/Inspection fees	1430	1 LS	\$17,200.00				
TN078000001	A/E Agency Planning fee	1430	1 LS	\$5,000.00				
TN078000001	Ranges and refrigerators	1465	1 LS	\$4,000.00				
TN078000001	Garbage cans	1465	1 LS	\$5,000.00				
TN078000001	Laundry Building washers (2) and dryers (2)	1465	1 LS	\$5,000.00				
TN078000001	Attic insulation	1460	1 LS	\$5,000.00				
TN078000001	Window shutters	1460	1 LS	\$5,000.00				
TN078000001	Windows at Elderly Building & other sites	1460	1 LS	\$20,000.00				
TN078000001	HVAC units	1460	1 LS	\$15,000.00				
TN078000001	Kitchen faucets, sprayers, sinks & other improvements	1460	1 LS	\$5,000.00				
TN078000001	Wheelchair ramp at Benjamin Site	1450	1 LS	\$1,000.00				
TN078000001	Install Cable TV/telephone lines	1460	1 LS	\$2,000.00				
TN078000001	Site improvements	1450	1 LS	\$1,000.00				
TN078000001	Bathroom renovations and plumbing improvements	1460	1 LS	\$1,000.00				
TN078000001	Interior/exterior painting	1460	1 LS	\$1,000.00				
TN078000001	Electrical improvements	1460	1 LS	\$1,000.00				
TN078000001	Replace flooring	1460	1 LS	\$1,000.00				
TN078000001	Replace water heaters	1460	1 LS	\$1,000.00				
TN078000001	Replace HVAC	1460	1 LS	\$1,000.00				
TN078000001	Storm and entry doors	1460	1 LS	\$1,000.00				
TN078000001	Replace roofs/repairs	1460	1 LS	\$1,000.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: **Oliver Springs Housing Authority**

Federal FY of Grant: 2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/18/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-		-	
2	1406 Operations (may not exceed 20% of line 21) ³	\$31,455.00		\$31,455.00	\$31,455.00
3	1408 Management Improvements	\$26,000.00		-	
4	1410 Administration (may not exceed 10% of line 21)	\$300.00		\$0.00	\$0.00
5	1411 Audit	-		-	
6	1415 Liquidated Damages	-		-	
7	1430 Fees and Costs	\$23,700.00		\$0.00	\$0.00
8	1440 Site Acquisition	-		\$0.00	\$0.00
9	1450 Site Improvement	\$2,000.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$22,000.00		\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$9,000.00		\$0.00	\$0.00
12	1470 Non-dwelling Structures	-		-	
13	1475 Non-dwelling Equipment	\$57,000.00		\$0.00	\$0.00
14	1485 Demolition	-		-	
15	1492 Moving to Work Demonstration	-		-	
16	1495.1 Relocation Costs	-		-	
17	1499 Development Activities ⁴	-		-	

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary				
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010 FFY OF Grant Approval: 2010
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: : 05/18/2011 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-		- -
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-		- -
19	1502 Contingency (may not exceed 8% of line 20)	-		- -
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$171,455.00		\$31,455.00 \$31,455.00
21	Amount of Line 20 Related to LBP Activities	-		- -
22	Amount of Line 20 Related to Section 504 Activities	-		- -
23	Amount of Line 20 Related to Security – Soft Costs	-		- -
24	Amount of Line 20 Related to Security – Hard Costs	-		- -
25	Amount of Line 20 Related to Energy Conservation Measures	-		- -
Signature of Executive Director <i>Janita L. Deane</i>		Date <i>7-11-11</i>	Signature of Public Housing Director Date	

Part II Supporting Pages								
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850110 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010		
Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN078000001	Operations	1406	1 LS	\$31,455.00		\$31,455.00	\$31,455.00	
TN078000001	Community Cares Elderly Program	1408	1 LS	\$26,000.00		\$0.00	\$0.00	
TN078000001	Cost of advertising for construction bids	1410	1 LS	\$300.00		\$0.00	\$0.00	
TN078000001	Environmental Review	1430	1 LS	\$1,500.00		\$0.00	\$0.00	
TN078000001	A/E Design/Inspection fees	1430	1 LS	\$17,200.00		\$0.00	\$0.00	
TN078000001	A/E Agency Planning fee	1430	1 LS	\$5,000.00		\$0.00	\$0.00	
TN078000001	Ranges and refrigerators	1465	1 LS	\$4,000.00		\$0.00	\$0.00	
TN078000001	Garbage cans	1465	1 LS	\$5,000.00		\$0.00	\$0.00	
TN078000001	Office equipment/computers	1475	1 LS	\$10,000.00		\$0.00	\$0.00	
TN078000001	Community Room furniture/furnishings	1475	1 LS	\$12,000.00		\$0.00	\$0.00	
TN078000001	John Deere Gator/Maintenance utility type vehicle	1475	1 LS	\$10,000.00		\$0.00	\$0.00	
TN078000001	Vehicle	1475	1 LS	\$25,000.00		\$0.00	\$0.00	
TN078000001	Wheelchair ramp at Elderly Building	1450	1 LS	\$1,000.00		\$0.00	\$0.00	
TN078000001	Site improvements	1450	1 LS	\$1,000.00		\$0.00	\$0.00	
TN078000001	Install Cable TV/telephone lines	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Bathroom renovations and plumbing improvements	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Interior/exterior painting	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Electrical improvements	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Replace flooring	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Kitchen renovations	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Replace water heaters	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Replace HVAC	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Storm and entry doors	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Replace roofs/repairs	1460	1 LS	\$2,000.00		\$0.00	\$0.00	
TN078000001	Replace windows	1460	1 LS	\$2,000.00		\$0.00	\$0.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: : 05/18/2011					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) ³	\$31,000.00	\$34,077.00	\$31,000.00	\$31,000.00
3	1408 Management Improvements	\$26,000.00	\$26,000.00	\$3,083.48	\$3,083.48
4	1410 Administration (may not exceed 10% of line 21)	\$300.00	\$300.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$26,700.00	\$26,700.00	\$5,675.00	\$5,675.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$24,000.00	\$24,000.00	\$12,704.00	\$5,214.14
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000.00	\$10,000.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$20,000.00	\$20,000.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$32,000.00	\$32,000.00	\$899.99	\$899.99
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Part I: Summary					
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009 FFY OF Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	-	-
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	-	-
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	-	-
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$170,000.00	\$173,077.00	\$53,362.47	\$45,872.61
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	-	-
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	-	-
23	Amount of line 20 Related to Security – Soft Costs	\$0.00	\$0.00	-	-
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00	\$0.00	-	-
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	-	-
Signature of Executive Director <i>Marita L. Blumhaine</i>		Date <i>7-11-11</i>		Signature of Public Housing Director	
				Date	

Part II Supporting Pages								
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operations	1406	1 LS	\$31,000.00	\$34,077.00	\$31,000.00	\$31,000.00	
PHA-Wide	Community Cares Elderly Program	1408	1 LS	\$26,000.00	\$26,000.00	\$3,083.48	\$3,083.48	
PHA-Wide	Cost of advertising for construction bids	1410	1 LS	\$300.00	\$300.00	\$0.00	\$0.00	
PHA-Wide	Environmental Review	1430	1 LS	\$1,500.00	\$1,500.00	\$0.00	\$0.00	
PHA-Wide	A/E Design/Inspection fees	1430	1 LS	\$17,200.00	\$17,200.00	\$675.00	\$675.00	
PHA-Wide	A/E Agency Plan fee	1430	1 LS	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
PHA-Wide	A/E Energy Audit fee	1430	1 LS	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
PHA-Wide	Ranges and refrigerators	1465	1 LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
PHA-Wide	Garbage cans	1465	1 LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
PHA-Wide	Office renovation	1470	1 LS	\$20,000.00	\$20,000.00	\$0.00	\$0.00	
PHA-Wide	Community Room furniture/ furnishings	1475	1 LS	\$5,000.00	\$5,000.00	\$899.99	\$899.99	
PHA-Wide	Maintenance vehicle	1475	1 LS	\$27,000.00	\$27,000.00	\$0.00	\$0.00	
TN078-001	Bathroom renovations and plumbing improvements	1460	1 LS	\$500.00	\$96.00	\$0.00	\$0.00	
TN078-001	Interior/exterior painting	1460	1 LS	\$1,500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Electrical improvements	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Replace flooring	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Kitchen renovations	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Replace water heaters	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Replace HVAC	1460	1 LS	\$2,500.00	\$2,000.00	\$0.00	\$0.00	
TN078-001	Storm and entry doors	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Replace roofs/repairs	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-001	Replace windows	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Bathroom renovations and plumbing improvements	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Interior/exterior painting	1460	1 LS	\$1,500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Electrical improvements	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Replace flooring	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Kitchen renovations	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	

Part II Supporting Pages								
PHA Name: Oliver Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P07850109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN078-002	Replace water heaters	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Replace HVAC	1460	1 LS	\$2,500.00	\$2,000.00	\$0.00	\$0.00	
TN078-002	Storm and entry doors	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Replace roofs/repairs	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-002	Replace windows	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Bathroom renovations and plumbing improvements	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Interior/exterior painting	1460	1 LS	\$1,500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Electrical improvements	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Replace flooring	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Kitchen renovations	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Replace water heaters	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Replace HVAC	1460	1 LS	\$2,500.00	\$2,000.00	\$0.00	\$0.00	
TN078-003	Storm and entry doors	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Replace roofs/repairs	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
TN078-003	Replace windows	1460	1 LS	\$500.00	\$200.00	\$0.00	\$0.00	
PHA-Wide	Ceiling fans	1460	1 LS	\$0.00	\$12,704.00	\$12,704.00	\$5,214.14	Moved from ARRA CFP

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PART I: SUMMARY

PHA Name/Number Oliver Springs Housing Authority / TN078			Locality (City/County & State) Oliver Springs / Anderson/Roane Co., Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	\$69,000.00	\$69,000.00	\$69,000.00	\$49,000.00
C.	Management Improvements		\$48,500.00	\$48,500.00	\$48,500.00	\$58,500.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$2,000.00	\$2,000.00	\$2,000.00	\$12,000.00 (\$49,000 for Office & Maintenance Structures is included in Physical Improvements subtotal above)
E.	ADMINISTRATION		\$500.00	\$500.00	\$500.00	\$500.00
F.	Other					
G.	Operations		\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$145,000.00	\$145,000.00	\$145,000.00	\$145,000.00
L.	Total Non-CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00
M.	Grand Total		\$145,000.00	\$145,000.00	\$145,000.00	\$145,000.00

PART I: SUMMARY (CONTINUATION)

PHA Name/Number Oliver Springs Housing Authority / TN078			Locality (City/county & State) Oliver Springs / Anderson/Roane Co., Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement				
	TN078000001		\$145,000.00	\$145,000.00	\$145,000.00	\$145,000.00

[illegible]

[illegible]

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2012		Work Statement for Year: 2013 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	TN078000001:		TN078000001:	
Statement	Operations	\$25,000.00	Operations	\$25,000.00
	Design and Inspection, Planning & Agency Plan, Environmental Review, Relocation, Management, other non-physical needs work items	\$22,500.00	Design and Inspection, Planning & Agency Plan, Environmental Review, Relocation, Management, other non-physical needs work items	\$22,500.00
	Community Cares Program	\$26,000.00	Community Cares Program	\$26,000.00
	Advertisements	\$500.00	Advertisements	\$500.00
	Non-dwelling equipment, tools, office equipment, etc.	\$2,000.00	Non-dwelling equipment, tools, office equipment, etc.	\$2,000.00
	Subtotal of Estimated Cost	\$76,000.00	Subtotal of Estimated Cost	\$76,000.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2011	Work Statement for Year 2014 FFY 2014		Work Statement for Year: 2015 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	TN078000001:		TN078000001:	
Statement	Operations	\$25,000.00	Operations	\$25,000.00
	Design and Inspection, Planning & Agency Plan, Environmental Review, Relocation, Management, other non-physical needs work items	\$22,500.00	Design and Inspection, Planning & Agency Plan, Environmental Review, Needs Assessment, Utility Allowances, Flat Rent Study, 504 Study, Energy Audit, Relocation, Management, other non-physical needs work items	\$22,500.00
	Community Cares Program	\$26,000.00	Community Cares Program	\$26,000.00
	Advertisements	\$500.00	Advertisements	\$500.00
	Non-dwelling equipment, tools, office equipment, etc.	\$2,000.00	Non-dwelling equipment, maintenance tools/equipment, office equipment, office/community room furniture, lawn mower, John Deere Gator, etc.	\$12,000.00
			Computer Hardware/Software	\$10,000.00
	Subtotal of Estimated Cost	\$76,000.00	Subtotal of Estimated Cost	\$96,000.00